

INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (11-07)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

ő

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance
100 North Senate Avenue IGCS W041

Indianapolis, IN 46204-2251 Telephone: (800) 988-7901 FAX: (317) 233-5627 E-mail: esp@idem.IN.gov

www.in.gov/idem/prevention/esp

When to use this annual report form...

STOP! Is your facility a member of the U.S. Environmental Protection Agency's National Environmental Performance Track and Indiana Environmental Stewardship Program? If so, please use the U.S. EPA National Environmental Performance Track Annual Performance Report form available at http://www.epa.gov/performancetrack/program/report.htm. The U.S. EPA will notify IDEM after receiving your annual performance report.

GO! Please use this annual report form if you are <u>only</u> a member of the Indiana Environmental Stewardship Program and <u>not</u> a member of the National Environmental Performance Track. Your Annual Performance Report should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, fax, mail, or e-mail the report to IDEM. If you have any questions, please contact the ESP Program Manager at 800-988-7901.

The Indiana Environmental Stewardship Program (ESP) Annual Performance Report should demonstrate progress toward objectives and targets AND certify ESP requirements continue to be achieved. The Annual Performance Report should cover the twelve (12) month calendar year and include the status of projects committed to in your facility's original ESP application, results of completed projects, and assurance that an annual internal environmental management system audit was conducted by your facility. Indiana ESP facilities must submit an Annual Performance Report by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months.

Please do not include any confidential business information in your Annual Performance Report. Public access laws require IDEM to make the Annual Performance Report publicly available, which may include posting all portions of your report on the Indiana ESP Web site.

SECTION A FACILITY INFORMATION					
Name of Facility Do Lite Serson Company					
Da-Lite Screen Company News of Parent Company (If participle)					
Name of Parent Company (If applicable)					
Street Address (number and street)					
3100 North Detroit Street					
City/State/ZIP Code					
Warsaw/IN/46581					
Facility/Company Web site					
www.da-lite.com					
CONTACT INFORMATION					
Contact Name (Mr./Mrs./Ms./Dr.)					
James H. Fisher					
Title					
Process Engineer					
Telephone number					
574-267-8101					
FAX number					
574-267-7804					
E-mail address					
jfisher@da-lite.com					
Mailing Address (if different from facility address)					
·					
City/State/ZIP Code					
Reporting Period Dates					
January 2008 to January 2009					
If this is your third Annual Performance Report, do you wish to renew your Indiana Environmental Stewardship Program membership?					
Yesif yes, please complete all sections of this annual report.					
NoIf no, you can skip Section D of this annual report.					
CHANGE IN INFORMATION					
In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities? If so, please list them in the space below. ☐ Yes ☒ No					
					

SECTION B ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT					
Why do we need this information?			What do you need to do?		
IDEM needs information on the performance and assessment activities of your Environmental Management System (EMS).		Please summi	arize your facility's EMS assessments. Attach additional sheets as necessary.		
Is your facility currently registered to a recognized third-party EMS			maon daditional shoots as necessary.		
standard?	Year:	2009			
∀es	Type:	ISO 14001 Surveillence A	Audit		
 a. If yes, when was an EMS audit or other assessment last conducted by an independent third party at your facility? 	Scope:	Surviellence			
Please provide the type (e.g., ISO 14001 certification),	Month:	March			
scope, and month of the last assessment.					
☐ No b. If no, when was an internal or corporate EMS audit last	Year:	2009			
conducted at your facility? Please provide the scope and	Scope:	ISO 14001-2004 Section	4.4		
month of the last assessment.	Month:	March			
When did your facility last conduct an internal or corporate	Year:	2009			
compliance audit? Please provide the scope and month(s) of each					
audit, and indicate who conducted the audit(s) (e.g., facility staff,	Scope:	Legal Compliance			
corporate groups, third party). Do not include audits, inspections, or site visits by regulatory organizations.	Month(s):	March			
	Who:	EECA Engineering			
(Optional) Please describe any other audits that were conducted at	We have ha	ad surveillance audit from	the registar August. We alo had a lly our previous internal audit was		
your facility.		oy a consultant in July.	ny our previous internal addit was		
4. Has your facility corrected all instances of potential non-compliance	Corrective /	Actions Made:			
and EMS non-conformance identified during your audits and other		tor training procedure revis			
assessments? ⊠ Yes	Z. Gas lear	k Repaired and inspections	added		
a. If yes, briefly summarize corrective actions taken and other		Actions in Progress			
improvements made as a result of your EMS assessment(s) or compliance audit(s).	Improve internal audit reporting. Retraining on labeling requirements.				
assessment(s) or compliance addit(s).		orms for environmental pro			
⊠ No	4. Assure t	hat environmental decision	s that may be outside of the		
 b. If no, please explain your plans to correct these instances. 		procedures are included in DES yearly report needs to			
☐ No such instances identified.	4. The INFL	JES yearly report needs to	be submitted.		
5. Explain the emergencies experienced within the facility during the	We have h	nad no significant emergen	cies.		
past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been					
made to your facility's emergency or contingency plans?					
When was the last Senior Management review of your EMS		: July 2008	Was the Management		
completed?	Representa		itle: Jim Fisher; Management		
7. When did your facility last conduct a systematic identification or		: December 2008			
review of your environmental aspects?	<u> </u>				
 (Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an 	Environmer	ntal Aspect	Progress Made This Year (e.g., quantitative or qualitative		
Environmental Performance Initiative in the following section. You	+		improvements, activities conducted)		
may limit the summary to environmental aspects that are significant	Reduce En	ergy Use Gas Use	Reduced gas and electric by		
and towards which <i>progress</i> has been made during the last calendar year. Attach additional sheets as necessary.			2920000 kwh		
your made additional and motorately.					
	Reduce Tra	sh	Reduced by 121 ton		
	D		Dadward to 12 Mg - 0 - 0 - 0		
·	Reduce wa	ier use	Reduced by 1.3 Million Gallons		
	.1		L		

.

SECTION C	ENVIRONMENTAL	IMPROVEMENT INITIATIVE	RESULTS	
Why do we need this information Facilities need to share the results of improvement initiative that was purs	? of the environmental		se the following table to summarias compared to your ESP enviror	What do you need to do ze your facility's environment improvement initiative
Category:		3		
Aspect:				
Specific Information on Aspect (opti	onal):	- Committee - Comm	L Consequented languages	
	Baseline	Progress during year 20 <u>08</u>	Environmental Improvement Initiative Goal	Cost Savings (if applicable)
Actual Quantity (per year)	148.8	110.1	114	\$ 71688 (not normalized)
Measurement Unit	Tons	Tons	Tons	
Normalized Quantity (per year)	148.8	110.1	103. 7	
Basis for your Normalizing Factor (e.g., galfons of paint produced) Briefly describe how you achieved in	employee hr.	employee hr.	employee hr.	
Switched metals painting to powe Switch to electrostatic sprays for I Reduced reject rates. Please list any state, EPA, or other I	border coat.	wall are reporting this date (over	Consequent Charles Desired VIII	
Flease list any state, EPA, or other p	partnership programs to which	you are reporting this data (e.g	o., Energy Star, Project XL).	
(Optional) If your facility has experie those results here.	nced continued results for envi	ronmental improvement initiati	ves pursued in past years of ESF	membership, please share
Ihy do we need this information? addities need to demonstrate their oppositions are needed to demonstrate their oppositions and the remaining will questions. Choose an indicator from Performance Indicator Table is proviselect for your initiative should be releavironmental impact in your EMS, sure how your objectives and targets IDEM at 800-988-7901.	commitment to be the commitment to be the commitment in the commit	annual report. Identify the new ce Indicator Table to measure nd is also available at http://w ets in your EMS. Where possi ators can be from the same er	Refer to the Envi 3-year membership term. One (1 w initiative that will begin this yea the identified environmental initia ww.in.gov/idem/prevention/esp/ta ble, indicators should also be in the priconmental category during the	or by answering the following alive. The Environmental able.doc. The indicator you shifted as having a significant acceptance.
Please complete the following questi information is required for air, hazard	ons according to the environme lous waste, solid waste, and en	ental indicator you selected fro ergy indicators as requested i	m the Environmental Performand n Appendix 1.	ce Indicator Table. Additiona
: What category have you selected please turn to Appendix 1 to cor	from the Environmental Perfor mplete additional questions per	mance Table? (If the category taining to the category you ha	r is Energy Use, Waste, or Air Er ve selected.) Waste	nissions for Total GHGs,
· What indicator have you selected	from the Environmental Perform	mance Table? Hazardous Wa	ste	
All measurements should represe focus your initiative on a specific swaste component). Does your initiative on a specific swaste component). Does your initiative substance, or component (e.g., e.g., All Specific	subset of the indicator (e.g., a s tiative include everything cover	pecific material, process, VOC	coroup of toxic air emissions, or	narticular
If your initiative is specific to a su waste component).	ibstance or component, please		our indicator (e.g., specific chemi-	cal to be reduced, specific
What activities or process change line, employee training)? Practic	es do you plan to undertake at e changes, employee training	your facility to accomplish you	r initiative (e.g., technology chan	ges in a particular process
Does this initiative address a signi	ificant aspect in your EMS?			

Stop! If the cuted my listed in Question Fairs Energy Use "Vasto or Air Emissions for Tota" (HGs. please skip Questions 3a - 3b to ow and turn to Appendix 1 to complete the questions pertained to the category you listed. After completing Appendix 1, enturn to question 4 and complete the remaining questions regarding on facility's environmental improvement or fature.

If no, please explain why you believe this indicator should be included as an environment initiative.

	units are you using to quantify this indicator? pounds se refer to the Environmental Performance Indicator Table for the acceptable units for each indicator.)
Base	ne baseline annual quantity of the indicator and the annual quantity you are committing to achieve by the future year. 30824 Year 2007 The year quantity (not including production) 24000 Year 2009
\boxtimes	he quantity presented in the future quantity column represent an absolute goal or a normalized goal? Normalized goal (i.e., indexed to level of business in baseline year) Absolute goal (i.e., demonstrates improvement even if production increases)
Please sold, n	er your goal is absolute or normalized, you will need to provide normalizing factors and normalized quantities in your annual performance reports. a briefly describe your basis for normalizing. Examples of potential normalizing basis include: gallons of paint produced, square feet of circuit boards number of patients seen, dollars of sales adjusted for inflation, or number of employees (for R&D and administrative sites only).
⊠ Y	ou subject to Federal, State, tribal, or local regulatory requirements for this indicator? Yes No
	, explain how your initiative exceeds regulatory requirements. Our goal is below the small quantity generator limit.
	-5
SECTIO	N E PUBLIC OUTREACH AND PERFORMANCE REPORTING
Why do IDEM nei	we need this information?What do you need to do?eds to know how environmentalDescribe how the facility has shared and planson was shared with the public.to share environmental information.
report pu	riefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to blicly on its environmental performance. Feel free, but not obligated, to attach supporting materials (e.g., meeting agendas, public announcements). promoted a "Screen Green" program that features our ISO14001 certification and our recycling efforts.
	ndicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as appropriate.
☐ Webs	ite (http://www.)
☐ Open	House
☐ Meetii	ngs
☐ Press	Releases
☐ Comn	nunity Advisory Panel
Other	Information will be available on request.
	* *
SECTIO	N F ADDITIONAL INFORMATION we need this information? What do you need to do?
This infor	rmation will help IDEM to effectively manage the Answer the questions as completely as possible. nental Stewardship Program.
1.	In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve months (include information about each particular program).
	Our products are certified by Greenguard for indoor air quality. Our Environmental Management Program is registerd under ISO 14001-2004. All of our sales associates are AP qualified for the LEED program.
2.	Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider. No.
3.	If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration? We were already registered to ISO 14001 when we applied for the ESP program.
4.	Explain the measured or perceived results from receiving, documenting, and responding to external communication. We have a record of customer and community inquirees. This gives an idea of what our customers consider important.
5.	How have community residents and businesses reacted to your facility participating in the Indiana Environmental Stewardship Program? Our feedback form the community has been positive
6.	According to the measurement program developed and implemented by your facility to measure. Environmental Management System's closs is court facility's EMS successive. Why or why not? If not what changes will be made to ensure continual er aronmental improvement are future EMS success.

Our program has been very successful. We can show for 2008 a \$194000 savings in reduced energy, waste, and water use.

CERTIFICATION AND PLEDGE

On behalf of Da-Lite Screen Company (name of facility),

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is it the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental recurrences, thas a corrective action program in place to attain compliance.

We, Da-Lite Screen Company, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's indianal Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or foun jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

Lunderstand that the information provided in this Annual Performance Report will be public record. Lam the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature Beaut

Title

Date (month, day, year)

Director of Engineering

3/23/09

Please mail, fax, or e-mail your completed Environmental Stewardship Program Annual Performance Report to:

IDEM-OPPTA ESP Program Manager MC 64-00 IGCS W041 100 North Senate Avenue Indianapolis, IN 46204-2251

FAX: 317-233-5627 E-mail: esp@idem.lN.gov

.]

					,
	·				
				•	
·					
					:

produc	table below, please enter your facility's amour its you manage currently and that you intend to it nor product packaging. the goal of your non-hazardous waste commi Reduce non-hazardous waste Improve waste management methods	o manage in your future reporting year		
	Combination of both strategies			
Ho	w much of your waste is handled using each r			
	Method of Waste Managed	Baseline Year	Future Year 20	Units
	Landfill			
	Incineration			
	Reused/recycled off-site			
	Other management - Specify:			
	Total Non-Hazardous Waste			
		•		

Method of Waste Managed	Baseline Year 20 <u>07</u>	Future Year 20 <u>09</u>	Units
Landfill			
Incineration	11999	18000	
Reused/recycled off-site	18825	6000	
Treated on-site			
Other management			
Specify:	<u> </u>		
Total Hazardous Waste	30824	24000	

.

			·	
	•			
		•		